

How to use the Medicare website to learn about Medicare prescription drug plans in your area and join a plan that's right for you

It's time to decide.

On January 1, 2006, Medicare prescription drug coverage became available to all people with Medicare. This coverage is offered through insurance companies and other private companies approved by Medicare. This new benefit—sometimes called Medicare Part D—may help reduce the cost of your prescription medicines. Those who want this coverage must join a plan by **May 15, 2006,** to avoid paying a late-enrollment penalty.

If you have Medicare, you must decide whether the new prescription drug benefit is right for you. If so, you will need to select and join a drug plan. For many people, choosing a drug plan may be an overwhelming task. Most likely, there will be many plans in your area to choose from. Those plans have different costs and cover different drugs. Everyone's situation is a little different, so it is up to you to choose a plan that meets your needs.

The good news is, there are resources available to help you get the information you need to make this important decision. One powerful decision-making tool is the Medicare Prescription Drug Plan Finder, which is available to all Medicare beneficiaries on the official Medicare website (www.medicare.gov).

Inside, you will find a step-by-step guide for using the Medicare Prescription Drug Plan Finder. By using this tool, you can compare prescription drug plans and select a plan that meets your needs. Just follow the easy, color-coded directions in this brochure.

Please note: If you (or someone you know) do not have access to the Internet or would prefer speaking with a Medicare representative, please call **1-800-MEDICARE** (1-800-633-4227). TTY users should call **1-877-486-2048**.

Please use this brochure if one or more of the following statements applies to you:

- You do not have prescription drug coverage
- You want to learn more about Medicare prescription drug plans in your area
- You have Medicaid* and Medicare and were assigned to a drug plan at the end of 2005, but want to choose a different one
- You have prescription coverage (through Medigap or Medicare Advantage, for example) and want to compare your current coverage with the new Medicare prescription drug coverage

Reminder: If you would like to speak with a Medicare representative, please call **1-800-MEDICARE** (1-800-633-4227).

IMPORTANT NOTES FOR THOSE WHO ALREADY HAVE PRESCRIPTION DRUG COVERAGE

If you get prescription drug coverage from an **employer** or **union**...

If you currently have prescription drug coverage through a former employer or union, you should have received information from your benefits administrator last fall. Carefully read the materials your employer or union sent you. Contact your benefits administrator or the office that answers questions about your coverage before you make any changes. Caution: If you drop your employer or union coverage, you may not be able to get it back. You also may not be able to drop your employer or union drug coverage without also dropping your employer or union health coverage.

If you used to get prescription drug coverage from Medicaid...

If you had **Medicaid** and Medicare in 2005, you now get your prescription drug coverage from Medicare. If you did not sign up for a particular Medicare prescription drug plan before December 31, 2005, you were automatically enrolled in a plan. You may change plans by following the steps outlined in this brochure.

^{*}Words in **green** are explained in the Glossary on page 37.

How the Prescription Drug Plan Finder can help you

By following the steps in this brochure, you will be able to make an informed decision about the Medicare prescription drug benefit. As you go through the steps, you will be able to learn about your plan choices. In general, there are three things you need to remember when comparing drug plans.

1. Consider the costs of each plan.

- **Premium.** This is the monthly payment you make to get coverage.
- **Deductible.** This is the yearly amount you pay before your Medicare drug plan begins to pay.
- **Coinsurance** or **copayments.** This is your share of your prescription drug costs. Medicare and your drug plan also pay a share of the costs.
- **Initial coverage limit.** In some plans, if your total drug costs reach an initial coverage limit, then you pay 100% of your prescription costs until you spend a certain amount.

2. Find out which plans cover your drugs.

- Drug plans will cover different generic and brand-name drugs in different drug categories on their drug lists.
- The drug list (**formulary**) may not include your specific drug. However, your plan has an exceptions and appeals process, and in most cases, a similar drug that is safe and effective should be available.

3. Know your pharmacy and mail-order options.

- Medicare will require plans to have convenient pharmacies for you to choose from. If it's important to you to stay with your current pharmacy, find out if you can use your pharmacy with the drug plans you are interested in.
- Some drug plans will allow you to get your medicines through the mail.

This guide is color-coded to make it easy to follow along.

Orange boxes are "Action Items." These are the steps you follow to use the online Prescription Drug Plan Finder.

Yellow boxes are "Extra Tips." These are informational boxes that give you added details about a particular item on the Medicare website.

Green words are fully explained in the Glossary on page 37.

What you'll need:

- · A computer with an Internet connection, and a printer
- 60–90 minutes, depending on the speed of your online connection and how quickly you move through this guide
- A family member or friend to help you use the Internet, if you are not comfortable doing it on your own
- A completed Information Checklist (see next page)

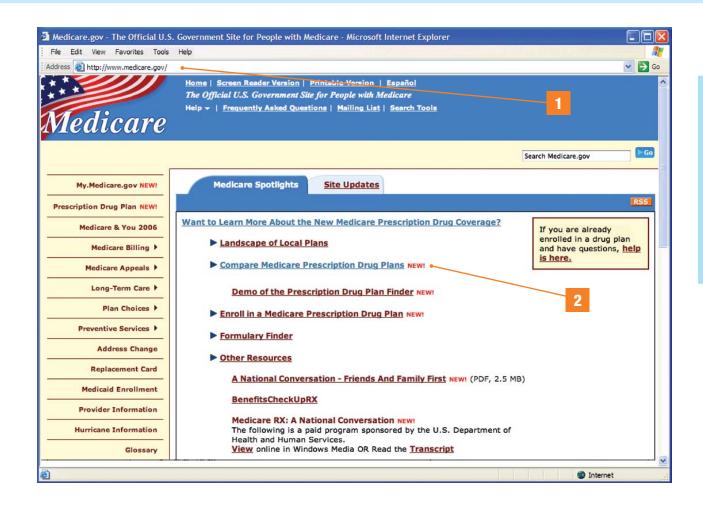


Having all the basic information at your fingertips can make your online experience a smooth and rewarding one. Just fill out the checklist at right so you'll have everything you need when you log on to www.medicare.gov.

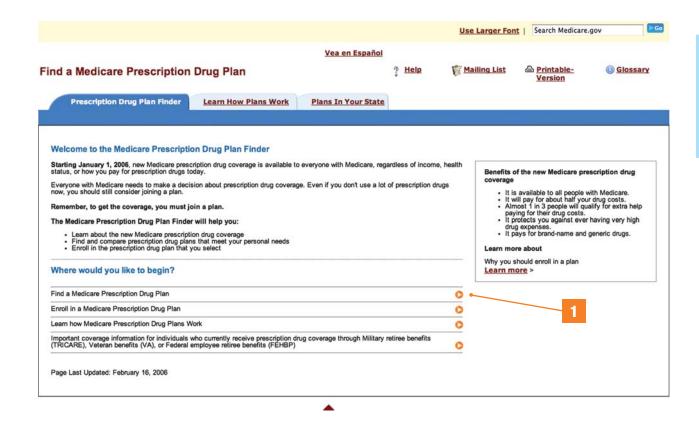
Important reminders for those who already have prescription drug coverage:

- *STOP. If you have drug coverage from a former employer or union, be sure to check with the benefits administrator before considering a Medicare prescription drug plan.
- **If you had Medicaid and Medicare
 in 2005, you now get your prescription
 drug coverage from Medicare. If you
 did not sign up for a particular
 Medicare prescription drug plan
 before December 31, 2005, you were
 automatically enrolled in a Medicare
 plan. You may change plans by following
 the steps outlined in this brochure.

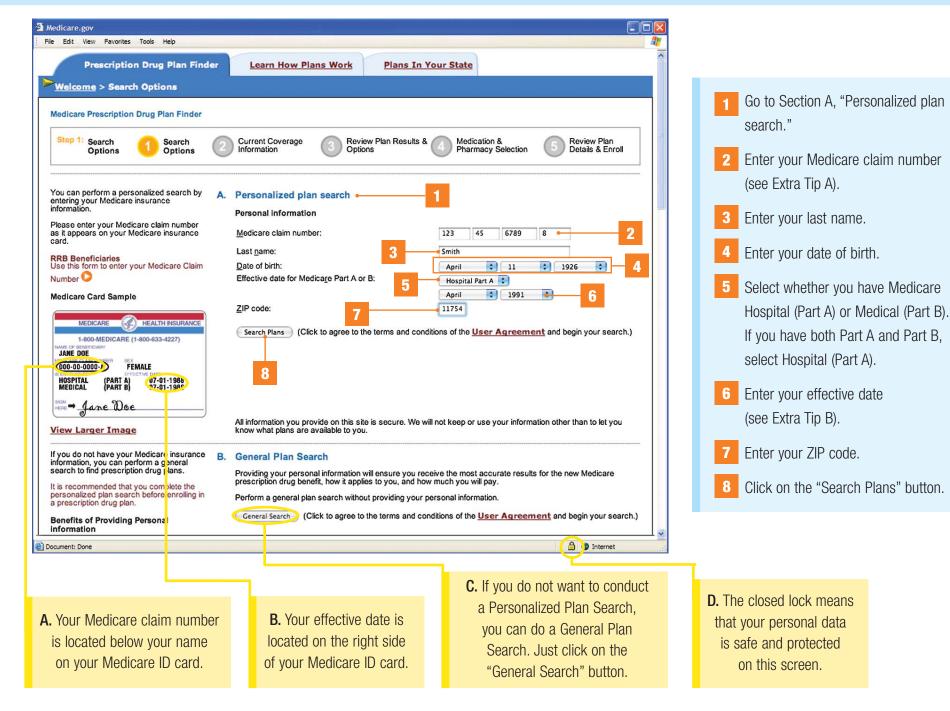
☐ Your Medicare ID card					
Medicare claim number (Medicare identification number)					
Date of birth					
Effective date for Part A and	/or Part B				
☐ Your ZIP code					
☐ Current prescription drug coverage	ę				
None					
Through a former employe	r or union*				
Formerly through Medica i	d **				
Through Medigap (Medica	are supplemental insur	ance)			
Through a Medicare Adva Fee for Service Plan)	ıntage plan (HMO, Pl	PO or private			
☐ Name of your current prescription	drug plan, if you have	e one			
☐ If you had prescription drug covera Yes No I don't know	age last year, is it still	available this year?			
☐ Your Prescription Log					
Names of prescription drugs	Brand name or generic?	Monthly out-of-pocket costs			
☐ Name and address of your preferred	ed pharmacy				



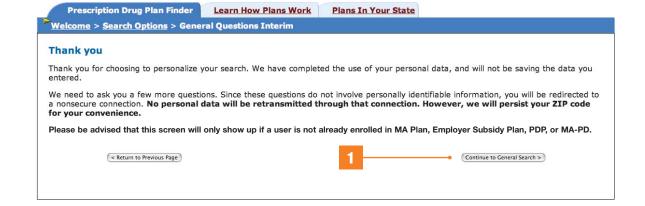
- Log on to the Medicare website by typing **www.medicare.gov** into your Internet browser. This is the Medicare home page (Screen 1).
- 2 Click on "Compare Medicare Prescription Drug Plans" (after the second arrow).



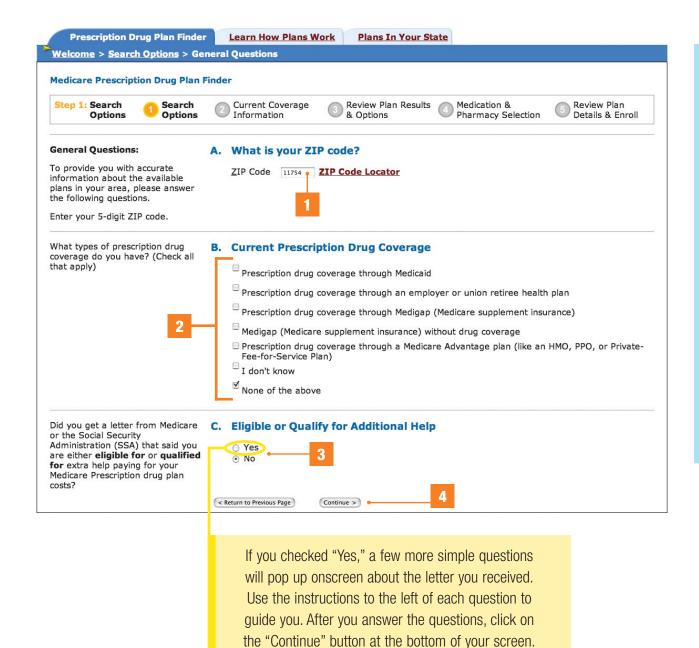
To learn about prescription drug plans in your area, click on the orange arrow next to "Find a Medicare Prescription Drug Plan."



Continue to General Search Screen 4

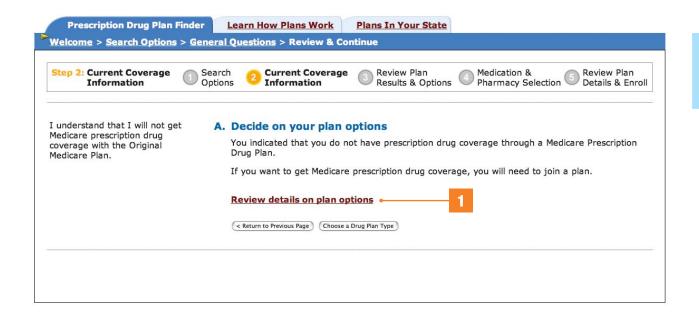


Click on the right-hand button, "Continue to General Search."

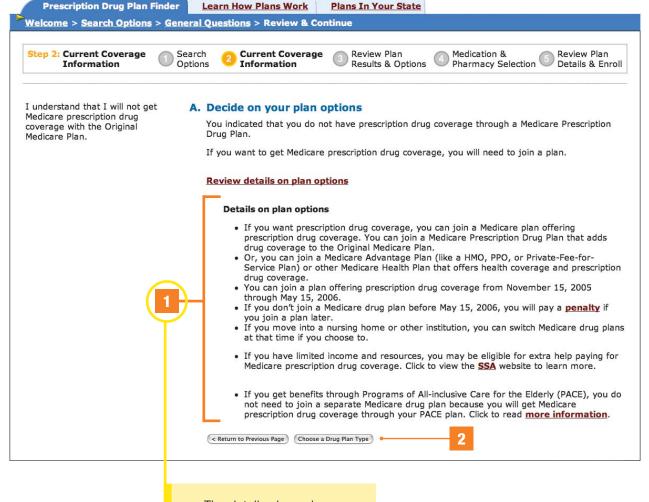


This should take you to Screen 6.

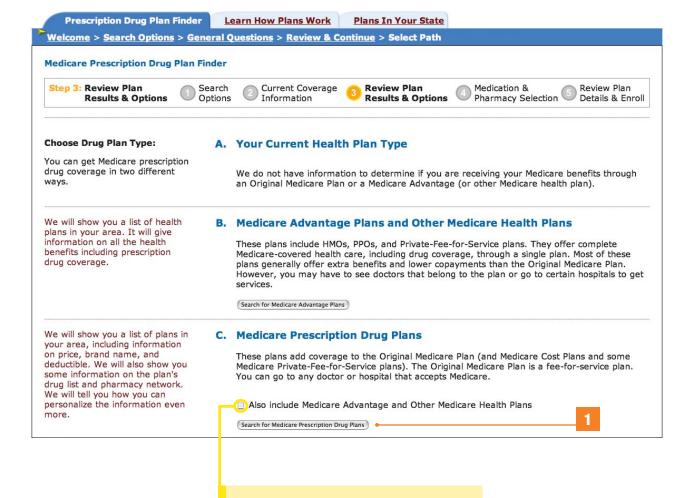
- If your ZIP code doesn't fill in automatically, enter it here.
- Read all the options listed in Section B for Current Prescription Drug Coverage and check the one that applies to you. If you have no prescription drug coverage, check off "None of the above."
- Go to Section C. Check "Yes" if you have received a letter from Medicare or the Social Security Administration saying that you are eligible or qualified for additional help. Check "No" if you haven't received a letter.
- 4 Click on the "Continue" button.



Click on "Review details on plan options."



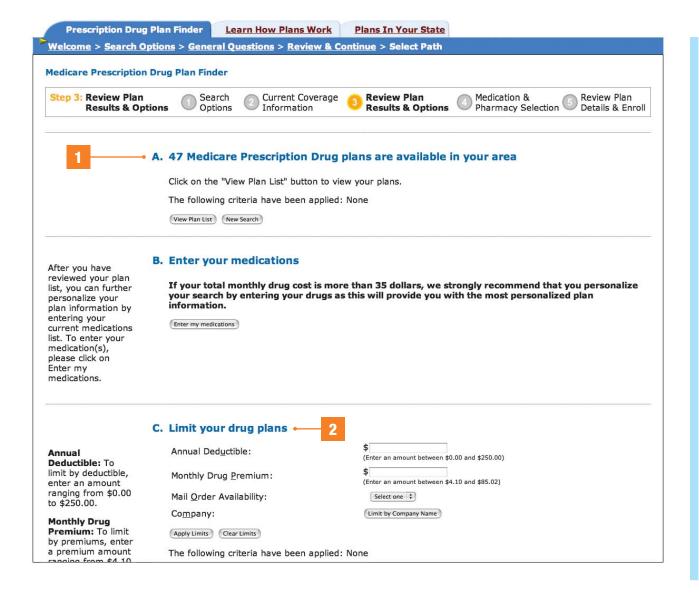
- 1 Read the information listed under "Details on plan options." This is an outline of choices based on your coverage situation.
- Click on the right-hand button, "Choose a Drug Plan Type."



If you also want to learn about
Medicare Advantage Plans or other
Medicare Health Plans, check this box
before clicking on "Search for Medicare
Prescription Drug Plans."

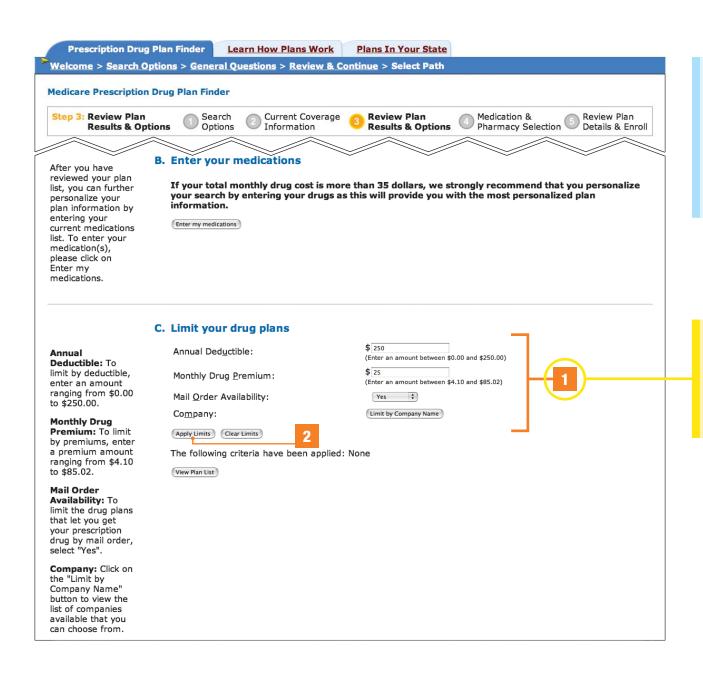
To learn about Medicare prescription drug plans, skip to Section C and click on the "Search for Medicare Prescription Drug Plans" button.

See the Extra Tip below if you'd also like to include other types of Medicare plans in your search.



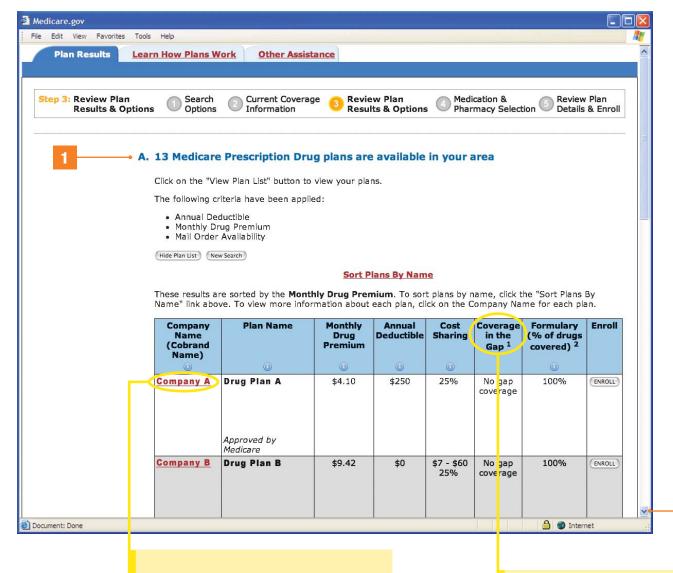
- drug plans are available in your community. In the example at left, there are 47 plans in the area.

 There may be many drug plans in your area to choose from. Medicare prescription drug plans will have different costs and cover different drugs. Your goal is to choose a plan that meets your needs. Sections B and C on this screen will help you narrow your search based on your personal needs. You can read more about plans after you have narrowed your search in the next few steps.
- 2 Skip to Section C, "Limit your drug plans," which will let you narrow down your search based on plan features that are important to you. (See Screen 10 for an example.) We will return to Section B later.



- Read over the choices in Section C and then enter the plan features that are most important to you.
- 2 Click on "Apply Limits." (See Screen 11.)

In the example at left, the person has entered an annual **deductible** of \$250, a monthly drug **premium** of \$25 and mail-order availability.

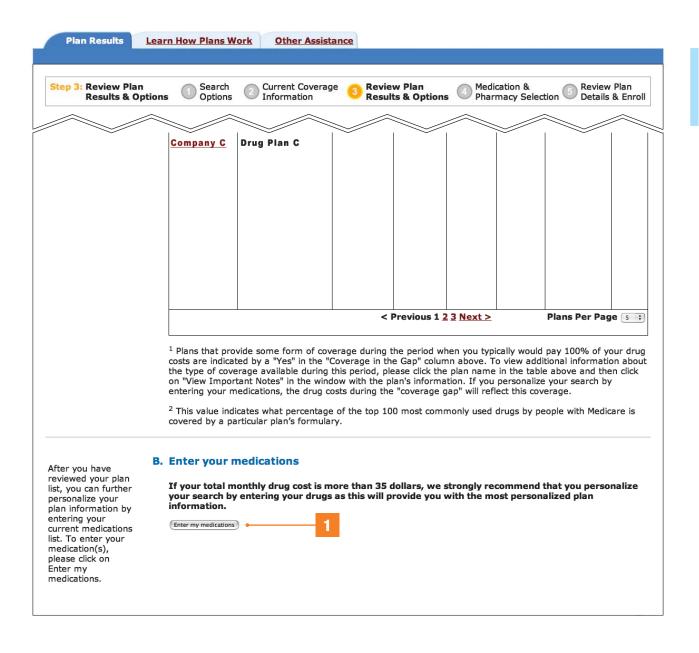


- 1 Go to Section A to review your narrowed search. In the example at left, the list is now narrowed down to 13 plans (from the 47 plan choices shown in Screen 9). You can review your plan list now. However, we recommend narrowing your search even further by searching for plans that cover your medicines.
- On the same screen, click on the down arrow to find Section B, "Enter my medications." (See Screen 12.)

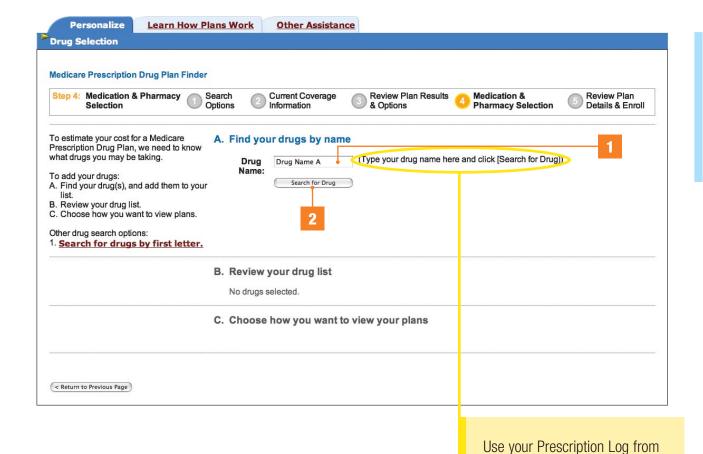
At any time in your search, you may click on the <u>underlined plan name</u> to open a window explaining specific details about that plan. Just close that window to get back to where you were.

You may want to print this page and refer to this column later if you are concerned about your costs during the **coverage gap** (or "**doughnut hole**").

Enter your medications Screen 12

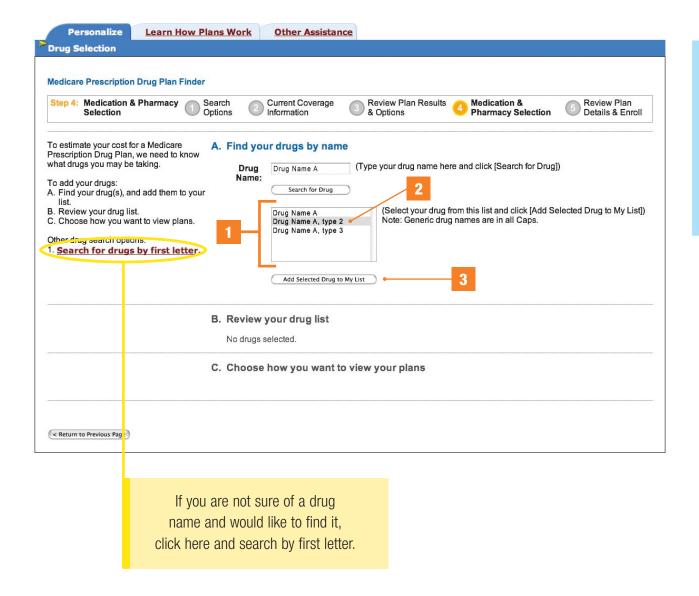


Click on the "Enter my medications" button.



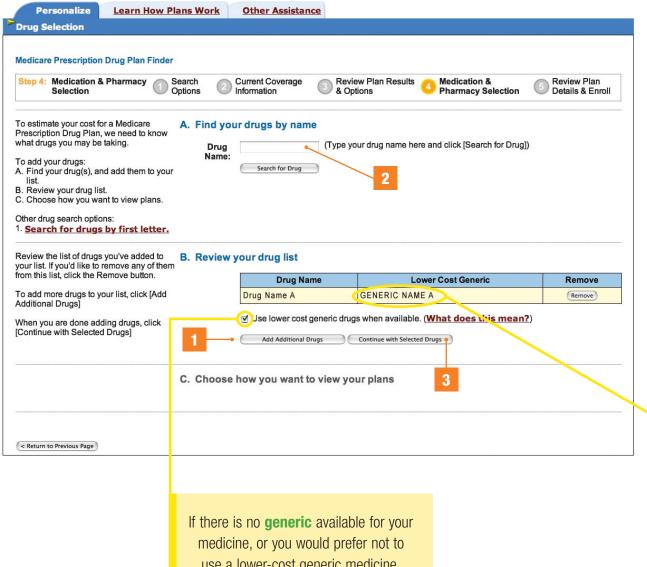
page 5 of this brochure to fill in this information.

- In Section A, type the name of the drug into the space beside "Drug Name."
- Click on the "Search for Drug" button.



- A drop-down menu will appear with a list of medicine names.
- 2 Click on the name of your medicine so that it is highlighted.
- 3 Click on "Add Selected Drug to My List" button.

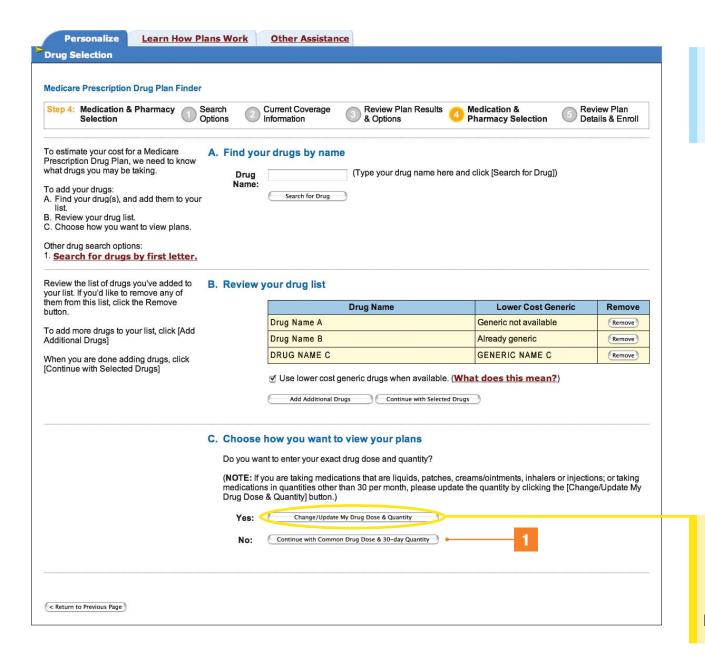
Review your drug list Screen 15



- If you have more than one medicine, click on the left button, "Add Additional Drugs."
- Clicking on "Add Additional Drugs" will take you back to Section A, where you can type in the name of the next medicine.
- When all of your medicines have been entered, click on the right button, "Continue with Selected Drugs."

Generic drug names are noted in ALL CAPS.

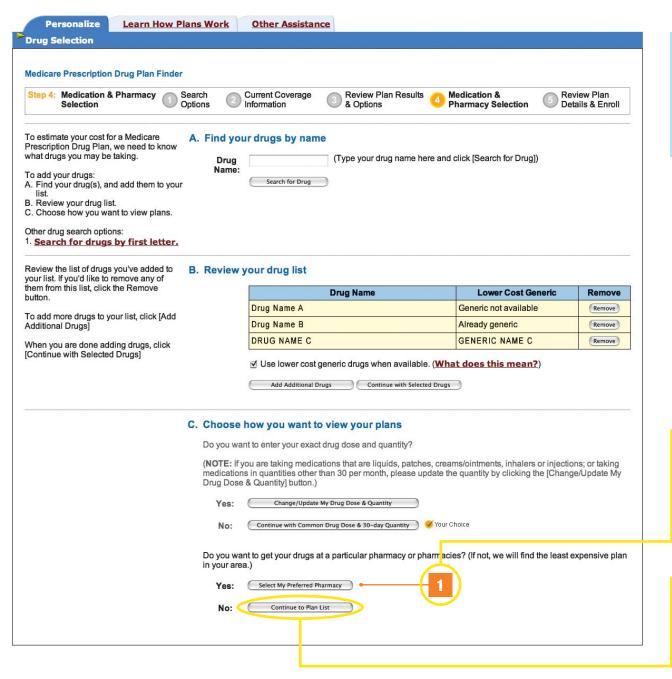
use a lower-cost generic medicine, leave this box unchecked.



Click on the button that says
"Continue with Common Drug Dose
& 30-day Quantity."

If you use more than the common dosage for your medicines, you may want to choose this option instead.

Just click on "Change/Update My Drug Dose & Quantity" to customize your search.

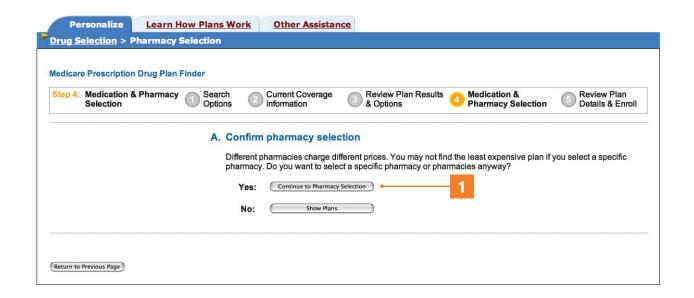


In Section C, click on the "Select My Preferred Pharmacy" button to limit your search based on your preferred pharmacy.

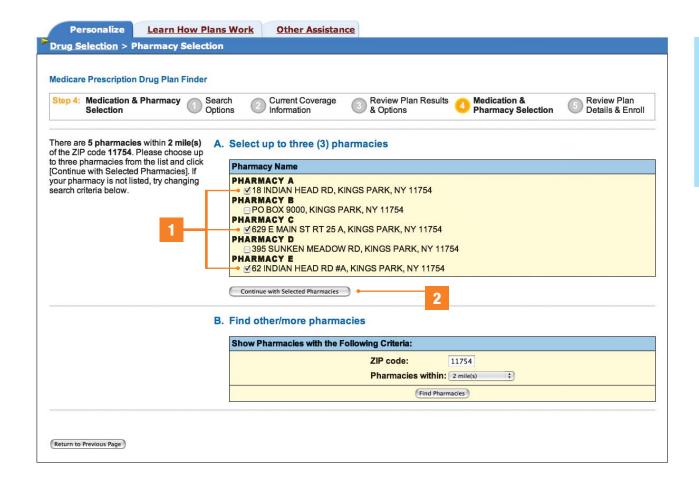
Part D plans have negotiated different prices at different pharmacies.

Your selected pharmacy may not offer the lowest price for your medicine.

If you select "No: Continue to Plan List" here, you will be shown the least expensive pharmacies in your area.

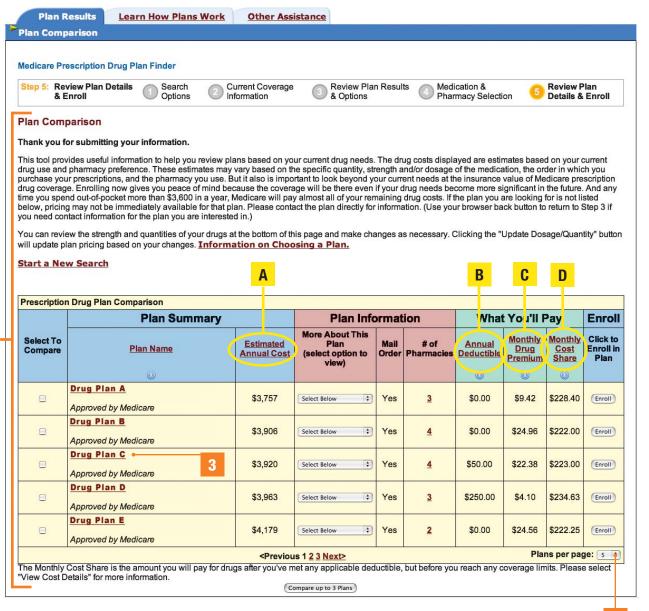


Click on the button that says "Continue to Pharmacy Selection."



- In Section A, select up to three pharmacies by clicking on their check boxes.
- Click on the "Continue with Selected Pharmacies" button.

Plan Comparison Screen 20

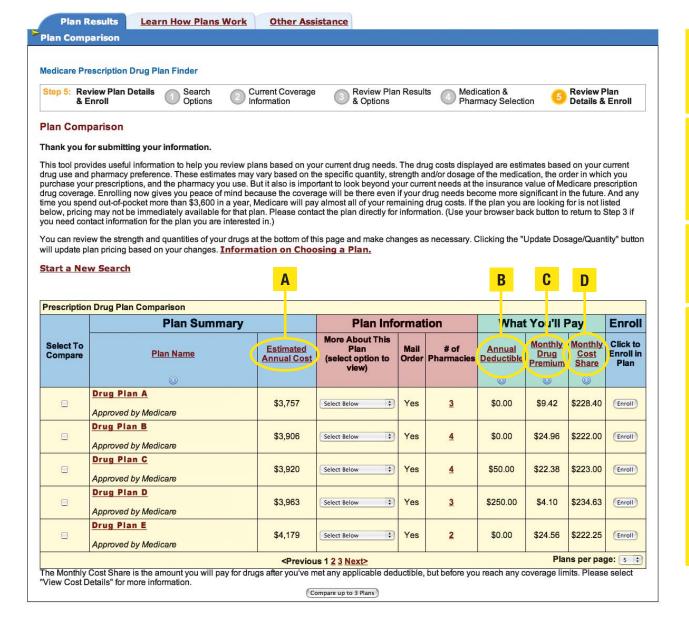


- 1 Review plan specifics in the Plan Comparison page.
- There may be many plans to choose from. For a more complete view of plan choices, go to the lower right-hand corner of the yellow "Prescription Drug Plan Comparison" box and click on the down arrow in the "Plans per page" box. Select "All" to see all plans on one screen. (You may want to print this page if you need more time to review the information.)
- When you click on the <u>underlined</u> <u>plan name</u>, a new screen will open that explains specific details about that plan.

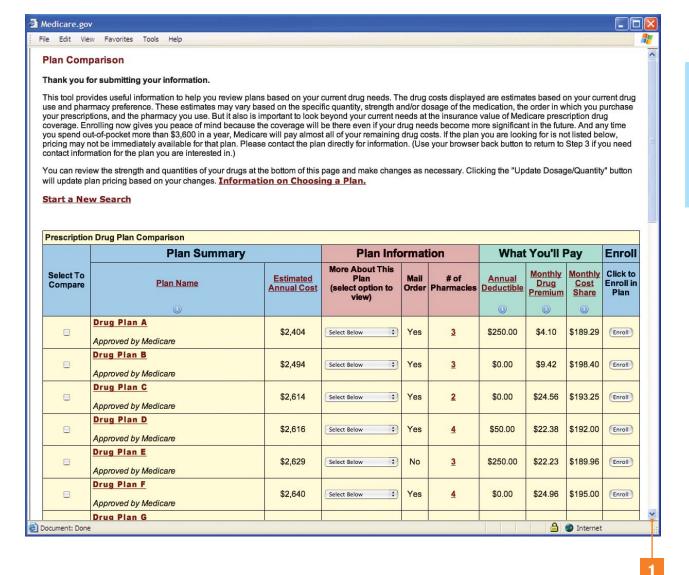
Tips A, B, C and D are located on next page.

2

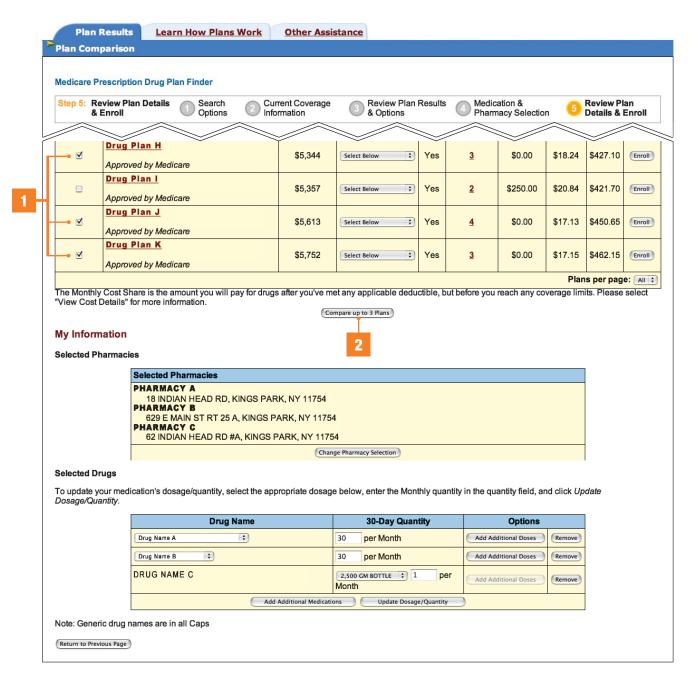
Plan Comparison Tips Screen 20 continued



- a "Estimated Annual Cost" is based on your current medicines and your selected pharmacy.
- "Annual **Deductible**" is the amount you will have to pay first for your prescription drugs each year before your plan starts to pay.
- **c** "Monthly Drug **Premium**" is the amount you pay each month for prescription drug coverage.
- copayment and/or coinsurance
 amount range you will pay for each
 prescription. In this chart, this is the
 amount you will pay for drugs after
 you've met any deductible but
 before you reach any initial coverage
 limit. Plans can make changes in
 coverage and costs. Call the plan to
 get all the details.



If you are viewing all plans at once, scroll down (click on the down arrow) to read the entire list. (You may want to print this page if you need more time to consider your options.)



- To do a side-by-side comparison of the three plans you are most interested in, click on their check boxes.
- Then click on the "Compare up to 3 Plans" button.

View Important Notes Screen 23

	Plan Results	Learn How Plans Work	Other Assistance			
Ì	Plan Comparison >	Plan Details				
ľ	Medicare Prescription I	Drug Plan Finder				
Г	01 E D . D . D	0 1 - 0		n . n n .		
	Step 5: Review Plan D & Enroll		rrent Coverage ormation	Review Plan Results & Options	Medication 8 Pharmacy Se	
L				8	**	
(Compare Plans					
,	Click the View Importan	t Notes button to view additional in	oformation on the selecte	d plan. To oproll in a pl	an eliek the Enroll	button for the coloated plan
	Office the view important	t Notes button to view additional in	normation on the selecte	u pian. To emon in a pi	an, chek the Line	button for the selected plan.
	Plan Information					
ł	r lan intormation	Drug Plan A	Drug Plan B		Drug Pla	n C
			V45-300 - 200 H SATE (200)		500 1.000 B 100 600.	
		Approved by Medicare	Approved by Medica	re	Approved by	y Medicare
	Plan Information	P.O. Box 29350	500 West Main Street		500 West M	ain Street
		Hot Springs, AR 71903 Phone: (888) 556-7060	Louisville, KY 40202 Phone: (800) 281-69		Louisville, K	
	1		A S S S S S S S S S S S S S S S S S S S		10000 000	N MSTO N
		View important Notes	View Important Not	es	View Impor	tant Notes
	Your Total Annual Drug Plan Cost		392	\$2	2,375	\$3,
	Fixed Cost Details:					
	Monthly Prescription Drug Premium		nth	\$47.93/n	nonth	\$4.10/ma
Ī	Deductible	\$50	.00	,	\$0.00	\$250
-	Initial Coverage Limit (amount you have to spend befo	re your copay or coinst	rance changes)	***	
		\$2,250	.00		0.00	\$2,250
	Your Monthly Drug Co	sts after you have met your ded	uctible but before your	total drug costs reach	the Initial Covera	ige Limit
	Drug Name A	\$54	.00	\$6	50.00	\$62
	Drug Name B	\$23	.00	\$3	30.00	\$17
	DRUG NAME C	\$23	.00	\$:	30.00	\$29
	Drug Name D	\$23	.00	\$:	30.00	\$7
	Total Monthly Cost		.00	\$15	50.00	\$117
	(Hide Details)	11/10/07/09	1.576	71.000	and the same	
-		sts after your total drug costs re	ach the initial coverage	limit but before your	total out of pocke	t expense equals \$3,500.00
	Total Monthly Cost (Show Details)		.20	\$15	50.00	\$471
		sts after your total out of pocket	expenses equal \$3,600	.00		
Ī	Total Monthly Cost (Show Details)		.56	\$2	28.50	\$28
	Pharmacy Network:					
	Pharmacy Network	4 network pharmacies in your a		armacies in your ZIP co		etwork pharmacies in your ZIP coo
ı	Mail Order:					
Ī	Mail Order	i i	'es		Yes	
-					1	
t	Actions	Enroll in this Plan	Enr	oll in this Plan		Enroll in this Plan

- Be sure to read important plan information by clicking on "View Important Notes."
- If you would like to do another side-by-side comparison, click on the "Return to Previous Page" button on the lower left-hand side of the screen, and repeat the process of checking the boxes and clicking on "Compare up to 3 Plans."
- If you're ready to enroll, click on the "Enroll in this Plan" button that's located at the bottom of the column of the plan you want to join.

Tips A, B, C, D, E and F are located on next page.

View Important Notes Screen 23 continued

Medicare Prescription D	rug Plan Finder			
Step 5: Review Plan D & Enroll	etails Search Current Options Clinform	nt Coverage Review Plan Results action	Medication & Selection Selection Pharmacy Selection	
Compare Plans Click the View Important	Notes button to view additional info	mation on the selected plan. To enroll in a plan, c	lick the Enroll button for the selected plan.	
Plan Information				
	Drug Plan A	Drug Plan B	Drug Plan C	
	Approved by Medicare	Approved by Medicare	Approved by Medicare	
Plan Information	P.O. Box 29350 Hot Springs, AR 71903 Phone: (888) 556-7060	500 West Main Street Louisville, KY 40202 Phone: (800) 281-6918	500 West Main Street Louisville, KY 40302 Phone: (800) 281-6918	
	View Important Notes A	View Important Notes	View Important Notes	
Your Total Annual Drug Plan Cost	\$3,892	\$2,37	5	
Fixed Cost Details:				
Monthly Prescription Drug Premium	\$22.38/month	\$47.93/montl	h \$4.10/r	
Deductible	\$50.00	\$0.00	\$29	
Initial Coverage Limit (a	amount you have to spend before y	our copay or coinsurance changes)		
	\$2,250.00	\$0.00	\$2,29	
Your Monthly Drug Cos	sts after you have met your deduct	ible but before your total drug costs reach the	Initial Coverage Limit	
Drug Name A	\$54.00	\$60.00		
Drug Name B	\$23.00	\$30.00	\$	
DRUG NAME C	\$23.00	\$30.00	\$:	
Drug Name D	\$23.00	\$30.00	0	
Total Monthly Cost (Hide Details)	\$123.00	\$150.00	\$1	
Your Monthly Drug Cos	sts after your total drug costs reac	h the initial coverage limit but before your total	out of pocket expense equals \$3,600.00	
Total Monthly Cost (Show Details)	\$478.20	\$150.00	\$4	
Your Monthly Drug Cos	sts after your total out of pocket ex	penses equal \$3,600.00		
Total Monthly Cost (Show Details)	\$28.56	\$28.50	\$2	
Pharmacy Network:				
Pharmacy Network:	4 network pharmacies in your ZIP code 4 preferred,	3 network pharmacies in your ZIP code preferred		
Mail Order:				
Mail Order:	Yes	Ye	s	
			36	

- A Check here for important details such as whether the plan offers national coverage or allows you to order more than a 30-day supply of your medicines.
- **B** If you have questions about a plan's coverage, be sure to call and speak with a plan representative.
- In some plans, if your total drug costs reach an **initial coverage limit**, then you pay 100% of your prescription costs until you spend a certain amount. Some plans do not have an initial coverage limit. (See Drug Plan B in the example at left.)
- This is your estimated monthly drug cost *before* you reach the **initial coverage limit.**
- This is your estimated cost *during* the **coverage gap** (or "**doughnut hole**").

 Some plans offer coverage in the gap.
- \$3,600, your drug plan pays 95% of the cost of your drugs. (This is sometimes called catastrophic coverage.)

Start Enrollment Screen 24

$\textit{Medicare Prescription Drug Plan Enrollment Center} \ \ \underset{\tiny Prescription Drug \ Covenge X}{\mathbf{Medicare R}} \mathbf{X}$

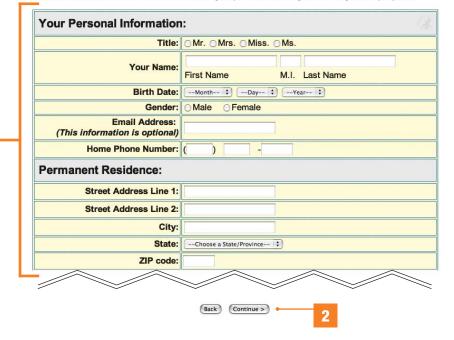
Start Enrollment

You are enrolling in: Your Selected Plan Name

Please fill out the personal information below. When you're finished, please click the Continue button at the bottom.

To protect your privacy, we may be asking you to provide us information in the form below that you have already entered on this site. We're sorry for the inconvenience, but your privacy is important to us.

Note: This tool is entirely confidential. The information you are providing will only be used for the purposes of completing your enrollment in the Medicare Prescription Drug Plan that you selected. We will not share the information you provide with anyone for any other purpose.



- 1 If you are now ready to join a plan, fill out the form carefully and completely.
- When you're done entering the information on this page, click on the "Continue" button at the bottom of your screen.

Check Your Information Screen 25

Medicare Prescription Drug Plan Enrollment Center Medicare R



Please Check Your Information

Title:	Mrs.
Your Name:	Jane Doe
Birth Date:	04/11/1926
Gender:	Female
Home Phone Number:	(123) 456 - 7890
Permanent Residence:	
Street Address Line 1:	123 Main Street
Street Address Line 2:	
City, State, ZIP code:	Commack, NY 11725
Mailing Address:	
Mailing Address is identical to your Permanent Reside	nce Address
Emergency Contact:	
You did not input emergency contact information	
Please Provide Your Medicare Insurance	e Information:
Medicare Claim Number:	123-45-6789-B
Effective Date: Hospital (Part A):	04/11/1991
Effective Date: Medical (Part B):	04/11/1991
Your Plan Premium Payment Option:	
Would you like the premium for this plan deducted from your SSA monthly benefit check.	No
Please Answer the Following Questions Your Benefits:	to Help Medicare Coordinat
Will you have other prescription drug coverage in	
addition to this plan?	
addition to this plan? Are you a resident in a long-term care facility, such as a nursing home?	

- Recheck your information.
- 2 If everything is correct, click on the "Agree/Continue" button at the bottom of your screen.

Important Information Screen 26

Medicare Prescription Drug Plan Enrollment Center Medicare R





STOP Please Read this Important Information

If you are a member of a Medicare Advantage Plan (like an HMO or PPO), you may already have a prescription drug benefit from your Medicare Advantage plan that will meet your needs. By joining this plan, your membership in your Medicare Advantage plan may end. This will affect both your doctor and hospital coverage as well as your prescription drug benefits. Read the information that your Medicare Advantage plan sends you and if you have questions, contact your Medicare Advantage

If you currently have health coverage from an employer or union, joining this plan could affect your employer or union health benefits. If you have health coverage from an employer or union, joining this plan may change how your current coverage works. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there is no information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

I understand that by clicking "I Understand" below means that I have read and understand the contents

Cancel this Enrollment | Understand & Continue

- Read the important information.
- Then click on the "I Understand & Continue" button to complete your enrollment.

Medicare Prescription Drug Plan Enrollment Center Medicare R.



Please Read and Sign Below:

By completing this enrollment application, I agree to the following:

Your Selected Plan Name is a Medicare drug plan and is in addition to my coverage under Medicare; therefore, I will need to keep my Medicare coverage. It is my responsibility to inform Your Selected Plan Name of any prescription drug coverage that I have or may get in the future. I can only be in one Medicare prescription drug plan at a time. Enrollment in this plan is generally for the entire year. I may leave this plan only at certain times of the year, or under certain special circumstances, by sending a request to Your Selected Plan Name or by calling 1-800-Medicare. TTY users should call 1-877-486-2048.

Your Selected Plan Name serves a specific service area. If I move out of the area that Your Selected Plan Name serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of Your Selected Plan Name, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Your Selected Plan Name when I receive it to know which rules I must follow in order to receive coverage with this Medicare drug plan.

Release of Information:

By joining this Medicare prescription drug plan, I acknowledge that Your Selected Plan Name will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my e-Signature (or the e-Signature of the person authorized to act on behalf of the individual under the laws of the State where the individual resides) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request by Your Selected Plan Name or by Medicare.

Your e-Signature:	☑I Agree •				
If you are the authorized representative, you must provide the following information:					
Your Name:	First Name M.I. Last Name				
Relationship to Enrollee:					
Address:					
City:					
State:	Choose a State/Province 🛟				
ZIP code:					
Home Phone Number:					
	Cancel Agree / Continue >				

Now you must provide a signature, called an "e-Signature." Do this by checking the "I Agree" box in the center of the page.

Click on the "Agree/Continue" button at the bottom of the screen.

You're enrolled! Screen 28

Medicare Prescription Drug Plan Enrollment Center Medicare R.



Enrollment Successful

You have successfully submitted your enrollment to: Your Selected Plan Name Your Confirmation Number is: 12546193097060

Please keep this information in case you have any questions about your enrollment.

Listed below is the contact information for your plan:

Your Selected Plan Name Phone Number

Address



If you would like to return to the Medicare home page, click here. Otherwise, you can close this screen to end your Internet session.

Congratulations. You've joined a Medicare Prescription Drug Plan. Print out this page and keep it in a safe place. It contains your enrollment confirmation number and your plan's contact information. Now that you've successfully joined a plan, you should receive an important information packet in the mail from the drug plan provider. This usually takes about two weeks. If you don't hear from the plan provider in a few weeks, you should contact the plan by calling the number listed on your enrollment confirmation sheet. Have your confirmation number handy when you call.

Additional resources

We hope this brochure has helped you understand your options and take action.

However, if you still have questions about plans and coverage, please call:

Medicare Hotline

1-800-MEDICARE

(1-800-633-4227)

TTY: 1-877-486-2048

24 hours a day/seven days a week

Social Security Administration

1-800-772-1213

TTY: 1-800-325-0778

weekdays, 7 a.m. - 7 p.m.

www.ssa.gov

There may be organizations in your community that can help you understand the Medicare prescription drug benefit and select a plan.

Check your local newspaper or call your local senior center. You can also get assistance by calling your State Health Insurance Assistance

Program or your local office on aging. To find the number of your local office on aging, please visit www.eldercare.gov.

And a final reminder...

Please remember that May 15, 2006, is the last day of the initial enrollment period for Medicare prescription drug plans.

It is important to join during the period when you are first eligible. If you join later on, you may have to pay a penalty.

Coinsurance or **copayments.** Your share of your prescription drug costs.

Cost share. The copayment and/or coinsurance amount range you will pay for each prescription. Plans can make changes in the list of prescription drugs they cover and their costs during the year. Call the plan to get all the details of prescription drug coverage, including the list of drugs the plan covers, so you understand any conditions or limits.

Coverage gap (sometimes called the "doughnut hole"). In some plans, if your costs reach an initial coverage limit, then you pay 100% of your prescription costs until you spend a certain amount. This is called the coverage gap. This "gap" in coverage is generally above \$2,250 in total drug costs until you spend \$3,600 out-of-pocket. Some plans might offer some coverage during the gap.

Deductible. The amount you must pay for health care before Medicare begins to pay, either for each benefit period for Part A, or each year for Part B and Part D. These amounts can change every year.

Formulary. A list of certain drugs and their proper dosages. In some Medicare health plans, doctors must order or use only drugs listed on the health plan's formulary.

Generic. A lower-cost alternative to a brand-name medicine.

Initial coverage limit. In some plans, if your total drug costs reach an initial coverage limit, then you pay 100% of your prescription costs until you spend a certain amount.

Medicaid. A joint federal and state program that helps with medical costs for some people with low incomes and limited resources. Medicaid programs vary from state to state, but most health care costs are covered if you qualify for both Medicare and Medicaid.

Medicare Advantage. A Medicare program that gives you more choices among health plans. Everyone who has Medicare Parts A and B is eligible, except those who have End-Stage Renal Disease (unless certain exceptions apply). Medicare Advantage Plans used to be called Medicare + Choice Plans.

Medigap. A Medicare supplement insurance policy sold by private insurance companies to fill "gaps" in Original Medicare Plan coverage. Except in Massachusetts, Minnesota and Wisconsin, there are 10 standardized plans labeled Plan A through Plan J. Medigap policies only work with the Original Medicare Plan.

Premium. The monthly payment you make to get coverage.



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